| | Under the Pa | PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | | ss it displays a valid OMB control number. Application or Docket Number | | |
|--------|---|--|--|-------------|-------------------------------|--------------|-------------------|------------|--------------------|------------------------|--------|--|------------------------|--|
| | | Substitute for Form PTO-875 | | | | | | | | | | 1766 | 16/ | |
| | CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | | |
| | FOR | - <u>-</u> - | NUMBE | | NUMBER EXTRA | | | RATE | FEE | | RATE | FEE | | |
| | BASIC FEE (37 CFR 1.16(a | | | | | | | | | \$ | OR | | s | |
| | TOTAL CLAIM: (37 CFR 1.16(d | | 10 | | | | | x s= | | OR | X \$ = | | | |
| | (37 CFR 1.16(t | | 2 | | | | | x \$= | | OR | x \$= | | | |
| | MULTIPLE DE | PENDENT C | LAIM PRESENT (37 CFR 1.18(d)) | | | | | Ţ. | + 5 = | | OR | +5= | | |
| | * if the difference in column 1 is less than zero, enter "O" in column 2. | | | | | | | | TOTAL | | OR | TOTAL | | |
| | | CLAI | MS AS AMI | ENDED | - PAR | | | | | | | | | |
| | | ((| Column 1) | | | | (Column 3) | _ | SMALL ENTITY | | OR | OTHER SMALL | | |
| | ENTA | - 1 | CLAIMS REMAINING AFTER MENDMENT | _ | HIGH NUM PREVK PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| 125/05 | OF COTAL | (c)) | 2 | Minus | 1 | 20 | * / | , | (s= | | OR | x s= | | |
| و و ا | Z independ | ent (8(b)) | 2 | Minus | | 3 | - | | (\$= | | OR | x s= | | |
| , | FIRST PE | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | | | OR | +5= | | |
| | 1 dinos | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADO'L FEE | | |
| | Offic | | Column 1) | | (Colu | | | - | | | | | | |
| | ENT B | | CLAIMS EMAINING AFTER MENDMENT | | HIGH NUM PREVIO PAID | BER SUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | ٠ | RATE | ADDI- TIONAL FEE | |
| | O GT CFR 1. | 5(c) | 5 | Minus | | 2 | 2 | , | (\$ <u> </u> | | OR | X \$= | | |
| | III (37 CFR 1.1 | ent * | 3 | Minus | | 3_ | = | Į, | (\$ | | OR 1 | X \$= | | |
| | FIRST PE | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | | | OR | +\$= | | |
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| | (Column 1) (Column 2) (Column 3) | | | | | | | | | · | | | | |
| | ENTC | | CLAIMS EMAINING AFTER IENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | (c)) | | Minus | • | | = | . , | · \$ | | OR | x \$= | | |
| | (27 CFR 1.1 | ent (6(b)) | | Minus | *** | | • | [, | (\$= | | OR | X \$= | | |
| | FIRST PR | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +5 | | | | | | | | | | + 5= | | |
| | | | | | | | | - | OTAL NOO'L FEE | | OR | TOTAL ADD'L FEE | | |
| | * If the ent | ry in colum | n 1 is less than | n the entry | y in colum | n 2, writi | e "O" in column 3 | 3 . | | . – | | _ | | |

"If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.